### REPORT OF RECEIPTS **AND DISBURSEMENTS**

1 0111111 0	For An A	Authorized Com	ımittee	C	Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRIN		cample: If typing, typer the lines.	pe 12FE4M5	
ADDRESS (number an Check if diffithan previous reported. (At	erent sly				
2. FEC IDENTIFIC	ATION NUMBER ▼	3. IS THIS REPORT	NEW (N) O	STATE AMENDE (A)	ZIP CODE STATE ▼ DISTRICT
(a) Quarterly Re	PORT (Choose One) eports:  Quarterly Report (Q1)  Quarterly Report (Q2)	(b) 12-Day PRE	Primary (12P)  Convention (12C)	General (12	
	<ul><li>15 Quarterly Report (Q3)</li><li>31 Year-End Report (YE)</li></ul>	Election on (c) 30-Day POS			State of
Terminat	tion Report (TER)	Election on		Runoff (30R	in the State of
5. Covering Period	M II M / D II D	/ Y " Y " Y " Y	through	M   M / D   D /	Y " Y " Y " Y
I certify that I have e.  Type or Print Name of	xamined this Report and to	o the best of my ki	nowledge and belief	f it is true, correct and c	complete.
Signature of Treasure	er			Date	/ D D / Y Y Y Y
NOTE: Submission of	false, erroneous, or incomple	ete information may	subject the person s	igning this Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

FEC Form 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements

Page 2

			COLUMN A	COLUMN B
6.	Net	Contributions (other than loans)	This Period	Election Cycle-to-Date
	(a)	Total Contributions (other than loans) (from Line 11(e))		
	(b)	Total Contribution Refunds (from Line 20(d))		
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)		
	(b)	Total Offsets to Operating Expenditures (from Line 14)		
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8.		sh on Hand at Close of porting Period (from Line 27)		
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)		
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)		

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name		· ·
Report Covering the Period: From:	M M / D D / Y M Y M Y M Y TO	D: M M M / D D / Y M Y M Y M Y
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM	M:	
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
(iii) TOTAL of contributions from individuals		
(b) Political Party Committees		
(d) The Candidate		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:  (a) Made or Guaranteed by the Candidate		
(add Lines 13(a) and (b))		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		

#### **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3 (Revised 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES				
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES				
19.	LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed by the Candidate				
20.	REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees				
	(b) Political Party Committees				
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))				
21.	OTHER DISBURSEMENTS				
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)				
	III. CASH SU	IMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD			
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)			
25.	SUBTOTAL (add Line 23 and Line 24)				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fr	om Line 22)			
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)				

# SCHEDULE A (FEC Form 3)

Use separate schedule(s)

F	FOR LINE NUMBER:				PAGE	OF	=		
(check only one)									
		11a		11b		11c	11d		
		12		13a		13b	14		15

T	EMIZED RECEIPTS	11a 11b 11c 11d 11d 12 13a 13b 14 15	
	ny information copied from such Reports and Statemen r commercial purposes, other than using the name and		
$\rangle$	NAME OF COMMITTEE (In Full)		
	Full Name (Last, First, Middle Initial)		
Α.	Mailing Address  City Stat	e Zip Code	Date of Receipt
		Σίρ σουσ	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Occup	pation	
	Receipt For:  Primary  General  Other (specify) ▼	on Cycle-to-Date	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
	Full Name (Last, First, Middle Initial)		Date of Receipt
3.	Mailing Address	7. 0.4	M M / D D / Y Y Y Y
	City Stat	e Zip Code	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Occup	pation	
	Receipt For:  Primary  General  Other (specify) ▼	on Cycle-to-Date	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
	Full Name (Last, First, Middle Initial)		Date of Receipt
j.	Mailing Address		M - M / D - D / Y - Y - Y - Y
	City Stat	e Zip Code	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer Occup	pation	
	Receipt For:  Primary  Other (specify)	on Cycle-to-Date	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	, ,
Т	OTAL This Period (last page this line number only)	<b>&gt;</b>	

### SCHEDULE B (FEC Form 3)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Refund or Disposal of Excess Type Contributions Required Under Disbursement For: Office Sought: House 11 C.F.R. 400.53 Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Contributions Required Under Senate Primary General 11 C.F.R. 400.53 President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City Zip Code State Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Contributions Required Under Senate Primary General 11 C.F.R. 400.53 President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

**PAGE** 

•	13a
	13b

OF

(check only one) NAME OF COMMITTEE (In Full) LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Primary General Mailing Address Other (specify) ▼ City State ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period **TERMS** Date Incurred Date Due Interest Rate Secured: No Yes % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE C-1 (FEC Form 3)

#### LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** C LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? Yes If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? No Yes E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: / D D / Y City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name Signature Title

# SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line)

	PAGE	OF	
FOR LIN	E NUMBER: nly one)		9
			110

DEBTS A	ND	OBL	.IGAT	ION
<b>Excluding</b>	Loar	ıs		

	COMMITTEE (In Full)	·	
A. Fu	ull Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailin	g Address		
City	State	Zip Code	
Out	standing Balance Beginning This Period		
ŀ	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
		7 7 7 7	9 9
B. Ful	I Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailin	g Address		
City	State	Zip Code	
Out	standing Balance Beginning This Period  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Fu	ull Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
Mailin	g Address		
City		State Zip Code	
Out	standing Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1) SUB	TOTALS This Period This Page (optional)	<b>&gt;</b>	
2) TOT/	ALS This Period (last page this line number	only)	
3) TOT/	AL OUTSTANDING LOANS from Schedule C	C (last page only)	, , , , , , , , , , , , , , , , , , , ,
4) ADD	2) and 3) and carry forward to appropriate I	7	

#### FEC FORM 3Z (File with Form 3)

#### CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Na	Name of Principal Campaign Committee (In Full)				Report Cover From:	ring Period:	To:	/ Y = Y = Y = Y
			Committee I	Name			(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
Α								
В	C	olumn Total Last Page C	)nly					
		(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate		(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
	Α							
	В							
		(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures		(k) Line No. 15 Total Other Receipts	(I) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
	А							
	В							
		(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	l	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
	А							
	В							
		(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements		(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
	A							
	В							
		(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	1	(cc) Line No. 7(c) Net Operating Expenditures			
	Α							
	В							

#### FEC FORM 3Z-1

## CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19) (Millionaires' Amendment)

	Name of Candidate		Candidate ID Number
	Name of Principal Campaign Com	mittee	Committee ID Number
	Committee Address		
	City State	ZIP	
	Report Covering Period (check one)	through June 30, or through preceding the year of the gen	ough December 31 of the year eral election
		Primary	General
1.	Gross receipts of authorized committees		
2.	Aggregate amount of contributions from personal funds of the candidate	, , , , , , , , , , , , , , , , , , , ,	
3.	Gross receipts minus the candidate's personal contributions		